



COVID-19 Rental & Mortgage Assistance Program

Abington Township, through HUD's Community Development Block Grant COVID-19 Relief Funds, will provide grants to households to make payments for rent and mortgage.

To be eligible, household income must be under 80% of Area Median Income as set by HUD and must have experienced loss of income as a result of the COVID-19 pandemic. The grant can provide assistance on arrearages (past due payments), security deposits for new rentals, and currently due monthly payments over the course of 100 days covering up to 6 months of rent or mortgage payments.

This grant is not to exceed the monthly mortgage or rent payment due, except in the case of documented eligible arrearages, and is capped at \$12,000 per household. All payments will be made directly to providers (landlords, mortgage holders). Grant amounts will vary according to need and are intended to fill the gap to meet expenses after factoring in the difference between pre-COVID income and current income, including any unemployment compensation.

Eligibility Requirements

1. Applicants must be residents of Abington Township and applying for assistance on a residence located within Abington Township.
2. Applicants must have either a rental agreement or a mortgage in their name.
3. Applicants must provide documentation of all household income, including any unemployment collected by any member of household.
4. Applicant, or any household member whose income has been affected, must have applied for unemployment if eligible.
5. Applicant must provide evidence of loss of income directly related to COVID-19 (unemployment, reduced hours, inability to work as self-employed).
6. Household income cannot exceed 80% of AMI as of date of assistance.
7. Preference will be given to applicants who have liquid assets equal to no more than 6 months of housing related living expenses, including mortgage/rent, taxes, insurance and utilities. (Liquid assets include; checking accounts, savings accounts, stock accounts. Liquid assets do not include the home itself, cars, retirement accounts, education accounts.)
8. Preference will be given to residents that met the household income standards prior to March 1, 2020 as well as after. This will require the submission of documentation of income prior to March 1, 2020.

Applicant must have received no other assistance for the same purpose. If the applicant receives duplication of assistance in the future, they will be required to notify the Township immediately, and will be responsible to reimburse Abington Township's CDBG program for any funding deemed to be duplicate.



Department of Community Development

Kimberly Hamm, Director

CDBG COVID-19 Financial Funding Application

U.S. Department of Housing and Urban Development CARES Act /CDBG /CDBG-CV
administered by the Township of Abington

Check one					
Mortgage Assistance				Rental Assistance	
Applicant Information					
Name		DOB		SS #	
Spouse Name		Spouse DOB		Spouse SS #	
Current Address					
City		State		ZIP	
Email		Phone			
Are you currently receiving Housing Assistance? Y/N					
If yes, please indicate type of assistance received.					
Household Member Information					
List Each Individual Living in the Household					
Name	Age	Gender * M/F/NB	DOB MM/DD/YYYY	Ethnicity * Y for Hispanic N for Non- Hispanic	Race * 11 White 12 Black/African American 13 Asian 14 American Indian/Native American 15 Native Hawaiian/Other Pacific Islander 16 American Indian/Alaska Native and White 17 White Asian & White 18 Black/African American & White 19 American Indian/Alaska Native & Black/African/American 20 Other, Multi-Racial
1					
2					
3					
4					
5					
6					
7					
* Information is for statistical purposes only.					



Department of Community Development

Kimberly Hamm, Director

Monthly Household Income					
List Each Individual Living in the Household (separate sheets can be attached to this application)	Enter the Monthly Dollar Amount for Each Category of Income Listed. If None, enter "0". Please list gross amounts (amounts before taxes and other deductions).				
	Wages	Unemployment	SS/SSDI VA Disability	Pension, Retirement, VA Benefits	All Other Income (Alimony, child support, covid-19 support)
1					
2					
3					
4					
5					
6					
7					
Rental Information					
Name of Apartment Complex (if applicable)					
Name of Property Manager/Landlord				Phone #	
Address					
Lease Start Date				Lease End Date	
Monthly Rent Due					
Mortgage Information					
Mortgage Holder					
Mortgage Holder Contact Person				Phone #	
Address					
Account #					
Monthly Mortgage Due					
Employment Information					
Current or Most Recent Employer					
Supervisor Name		Phone #		Email	
Address					
Late Day Worked				Hours Per Week	



Department of Community Development

Kimberly Hamm, Director

List of Assets			
Type of Asset	All Items Below Must be Filled In. If Not Applicable, Use "N/A"		
	Account #	Balance	Name, Address, & Phone # of Depository
Savings Accounts			
Checking Accounts			
Stocks, Bonds			
CDs			
Describe the need for assistance and how the household income has been directly impacted by the COVID-19 pandemic.			



Department of Community Development

Kimberly Hamm, Director

Applicant covenants and agrees that he will comply with all requirements imposed by or pursuant to regulations of the Secretary of Housing and Urban Development effectuating Title VI of the Civil Rights Act of 1964 (78 Stat. 252). The Applicant agrees not to discriminate upon the basis of race, color, religion, sex, familial status, disability, or national origin in the sale, lease, rental, use or occupancy of the real property rehabilitated with assistance of the grant. The United States shall be deemed to be a beneficiary of these provisions both for and in its own right and also for the purpose of protecting the interests of the community and other parties, public or private, in whose favor or for whose benefit these provisions have been provided and shall have the right, in the event of any breach of these provisions, to maintain any actions or suits at law or in equity or any other proper proceedings to enforce the curing of such breach.

Verification of any of the information contained in this application may be obtained for any source named herein.

RIGHT TO FINANCIAL PRIVACY ACT

As required by the Right to Financial Privacy Act of 1978, this is to notify you that the Department of Housing and Urban Development has the right of access to financial records held by any financial institution in connection with the consideration or administration of the Federal Assistance for which you have applied. Financial records involving your transactions will be available to the Department of Housing and Urban Development without further notice or authorization but will not be disclosed or released to another Government Agency or Department without your consent, except as required or permitted by law.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C., *Title 18, Sec. 1001*, provides "whoever, in any manner within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes any false, fictitious or fraudulent statements or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined no more than \$10,000 or imprisoned not more than five years, or both."

Lease/Mortgage Holder's Signature

Date

Lease/Mortgage Holder's Signature

Date

Duplication of Funding

I/We _____ am/are aware that I can receive no other assistance for the same purpose. I/We certify that I/we have not already received any rental or mortgage assistance for this period of time and am/are aware that if I/we receive additional assistance in the future for the same purpose, I/we will be required to notify the Township immediately, and will be responsible to reimburse Abington Township's CDBG program for any funding deemed to be duplicate.

Lease/Mortgage Holder's Signature

Date

Lease/Mortgage Holder's Signature

Date



Authorization to Release

I hereby authorize the Department of Community Development of the Township of Abington to obtain verification of any and all information from the sources named in my grant application. All materials will be mailed directly to:

Department of Community Development
Township of Abington
1176 Old York Rd.
Abington, PA 19001

Or email materials to:

communitydevelopment@abingtonpa.gov

All Household Members Over the Age of 18			
1. Signature	Print Full Legal Name	Date	Social Security #
2. Signature	Print Full Legal Name	Date	Social Security #
3. Signature	Print Full Legal Name	Date	Social Security #
4. Signature	Print Full Legal Name	Date	Social Security #
5. Signature	Print Full Legal Name	Date	Social Security #
6. Signature	Print Full Legal Name	Date	Social Security #
7. Signature	Print Full Legal Name	Date	Social Security #

WARNING: The information provided in this application form is subject to verification by HUD at any time, and Title 19, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to a department of the United States Government, and may be fined not more than \$10,000 or imprisoned for not more than 5 years, or both. This information will be used to establish a level of benefit for HUD and other federally funded program(s); To protect the government's financial interest; and to verify the accuracy of information furnished. It may be released to appropriate federal, state, and local agencies when relevant to civil, criminal, or regulatory investigators and prosecutors. Failure to provide any information may result in a delay or rejection of eligibility or approval.



APPLICATION CHECKLIST

Before submitting your application, please make sure all questions on the application are answered and that you are providing all necessary documentation listed below.

If a question does not apply to you, please answer N/A.

PLEASE MAKE SURE YOU ARE INCLUDING THE FOLLOWING WITH YOUR SIGNED APPLICATION

(The application must be signed by all parties on the mortgage or rental agreement)

- ✓ Wages/Salary pre Covid-19 – last two paychecks received
- ✓ Most recent **SIGNED** tax return
- ✓ Proof of change in financial status due to Covid-19
- ✓ Proof of application for unemployment or loss of hours
- ✓ Proof of unemployment compensation or other relief funds
- ✓ Social Security Assistance (most recent statements)
- ✓ Other Public Assistance (most recent statement)
- ✓ Alimony/Child Support-Saving Account (most recent statement)
- ✓ Checking Accounts (most recent statement)
- ✓ Stock Portfolio (most recent statement)
- ✓ Authorization to Release Form signed by all persons in the house 18 and older
- ✓ Signed Zero Income Certification forms if applicable (Must be signed by any person in the household who is 18 or older and has zero income)
- ✓ Copy of Rental/Lease Agreement or Mortgage Statement

**If you have any questions about necessary documentation, please contact Abington Township's
Department of Community Development at (267)536-1019 or
communitydevelopment@abingtonpa.gov.**